
Full Name of Party Filing This Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone Number

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT OF
THE STATE OF IDAHO IN AND FOR THE COUNTY OF _____

_____,
Plaintiff(s),
vs.
_____,
Defendant

Case No.: _____

APPLICATION FOR REGISTRATION
OF A CHILD CUSTODY
DETERMINATION

COMES NOW (your name) _____, the Plaintiff/Defendant,
and pursuant to Idaho Code §32-11-305, applies for registration of a child custody determination
of a court of another state.

STATE OF IDAHO)
) ss.
County of _____)

I swear under oath:

1. I live at _____.
2. I wish to register a child custody determination in accordance with the Uniform Child
Custody Jurisdiction and Enforcement Act, I.C. §32-11-305.
3. To the best of my knowledge and belief the order I seek to register has not been
modified.

4. The name and address of any other parent or person acting as a parent who has been awarded custody or visitation in the child custody determination sought to be registered is:
(name/s) _____, (address) _____.

5. I understand that false statements in this sworn statement may subject me to the penalties for perjury pursuant to Idaho Code §18-5409, which includes imprisonment in the state prison for not less than one nor more than 14 years.

6. I am of legal age, able to read and write the English language, legally competent, and have sought whatever legal advice I desired before signing this document. I understand the contents of this document, and the same are true and correct to the best of my knowledge and belief.

7. I am furnishing two (2) copies, including one (1) certified copy, of the determination sought to be registered.

8. I understand that notice of my request for registration will be given to the person/s listed in item 4 of this Affidavit.

Date: _____

Signature of Party Submitting

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 20____.

Notary Public for Idaho
Residing at: _____
My commission expires: _____